

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

6. LEASE DESIGNATION AND SERIAL NO.

Colorado 0123458

6. IF



00572480

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

OCT 29 1975

COLO. OIL & GAS CONS. COMM.

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Inexco Oil Company		8. FARM OR LEASE NAME USA Butler	
3. ADDRESS OF OPERATOR 308 Lincoln Tower Building, Denver, Colorado 80203		9. WELL NO. #1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SW NE SEC 10, T-19-S, R-45-W		10. FIELD AND POOL, OR WILDCAT Brandon-Lansing	
14. PERMIT NO. 67-164		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3929' GR	
		12. COUNTY OR PARISH Kiowa	
		13. STATE Colorado	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Move in and rig up pulling unit. Pull out of hole with production equipment. Run in hole with RBP and locate casing leak. Squeeze leak with 150 sacks cement. Drill out cement and test to 500 PSI. Run in hole with production equipment and place well back on production.

DVR	
FJP	<input checked="" type="checkbox"/>
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
GCH	<input checked="" type="checkbox"/>
CGM	

18. I hereby certify that the foregoing is true and correct

SIGNED

W. R. Emmett

TITLE Area Prod. Supt.

DATE 10-27-75

(This space for Federal or State office use)

APPROVED BY

W. R. Rogers

TITLE

DIRECTOR

DATE

OCT 30 1975

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

file 5